

## FERENCE & ASSOCIATES LLC

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### USPTO FACSIMILE COVER SHEET

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To: Commissioner for Patents  
Fax Number: (571) 273-8300  
Date: May 28, 2008  
Pages: 16 pages (including this cover sheet)

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#### MESSAGE:

#### METHOD AND APPARATUS FOR INTERNET CUSTOMER RETENTION

Application No. 09/804,728

Examiner Y. Retta

Art Unit 3622

Amendment Transmittal

Petition and Fee for Extension of Time

Amendment

696.005

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FERENCE & ASSOCIATES LLC  
Amendment Transmittal

Atty. Docket No. 696.005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Srinivasan et al.  
Serial No. : 09/804,728 Examiner : Y. Retta  
Filed : March 13, 2001 Group Art Unit : 3622  
For : METHOD AND APPARATUS FOR INTERNET CUSTOMER  
RETENTION

HON. COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

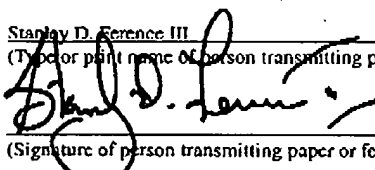
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Applicants claim Small Entity status under 37 C.F.R. 1.27.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on May 28, 2008 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III  
(Type or print name of person transmitting paper or fee)

  
(Signature of person transmitting paper or fee)

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FERENCE & ASSOCIATES LLC  
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Atty. Docket No. 696.005

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5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

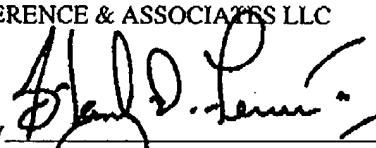
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		<u>SMALL ENTITY</u>				<u>OTHER THAN A SMALL ENTITY</u>			
					<u>RATE</u>	<u>FEE</u>			<u>RATE</u>	<u>FEE</u>		
Total Claims	20	** 20	= *	x	\$25	=	O	x	\$50	=	0	
Ind.	2	*** 3	= *	0	x	\$105	=	O	x	\$210	=	0
Claims												
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$185	=	O	+	\$370	=		
					<u>TOTAL</u>	=	\$0		<u>TOTAL</u>	=	\$	

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space  
 \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

9. ☐ Submitted herewith is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to the credit card identified in the Credit Card Payment Form submitted herewith.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified in the Credit Card Payment Form submitted herewith.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: May 28, 2008

Mailing Address:

Customer No. 35195  
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